

SERFF Tracking Number:	CLBA-125354576	State:	Arkansas
Filing Company:	Columbia Mutual Insurance Compny	State Tracking Number:	EFT \$50
Company Tracking Number:	CMI-PAP-07-F02		
TOI:	19.0 Personal Auto	Sub-TOI:	19.0001 Private Passenger Auto (PPA)
Product Name:	Personal Auto - Preferred, Standard, AU		
Project Name/Number:	Automobile Insurance Identification Card/CMI-PAP-07-F02		

## Filing at a Glance

Company: Columbia Mutual Insurance Compny

Product Name: Personal Auto - Preferred, Standard, AU      SERFF Tr Num: CLBA-125354576      State: Arkansas

TOI: 19.0 Personal Auto      SERFF Status: Closed      State Tr Num: EFT \$50

Sub-TOI: 19.0001 Private Passenger Auto (PPA)      Co Tr Num: CMI-PAP-07-F02      State Status: Fees received

Filing Type: Form      Co Status:      Reviewer(s): Alexa Grissom, Betty Montesi, Brittany Yielding

Authors: Dennis McVay, Christina Walker, DeeDee Williams      Disposition Date: 11/15/2007

Date Submitted: 11/13/2007      Disposition Status: Approved

Effective Date Requested (New): 12/13/2007      Effective Date (New): 12/13/2007

Effective Date Requested (Renewal): 12/13/2007      Effective Date (Renewal):

## General Information

Project Name: Automobile Insurance Identification Card

Project Number: CMI-PAP-07-F02

Reference Organization: N/A

Reference Title: N/A

Filing Status Changed: 11/15/2007

State Status Changed: 11/14/2007

Corresponding Filing Tracking Number:

Filing Description:

We are filing revised form IDC-2 (11-07) Automobile Insurance Identification Card, which we propose to use in our Preferred, Standard and AU Personal Automobile Policy Programs. This form replaces previously filed and approved form IDC-2 (11-02) Automobile Insurance Identification Card. Please note the only basic change in the card is the provision for a "Excluded Drivers Apply" statement. This statement will be shown only if there are excluded drivers.

Please review and advise if any further information is needed.

Status of Filing in Domicile: Pending

Domicile Status Comments:

Reference Number: N/A

Advisory Org. Circular: N/A

Deemer Date:

SERFF Tracking Number: CLBA-125354576 State: Arkansas  
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Product Name: Personal Auto - Preferred, Standard, AU  
Project Name/Number: Automobile Insurance Identification Card/CMI-PAP-07-F02

## Company and Contact

### Filing Contact Information

DeeDee Williams, Asst. Analyst dwilliams@colinsgrp.com  
2102 White Gate Drive (573) 474-6193 [Phone]  
Columbia, MO 65205 (800) 836-5713[FAX]

### Filing Company Information

Columbia Mutual Insurance Compny CoCode: 40371 State of Domicile: Missouri  
2102 White Gate Drive Group Code: 807 Company Type: Mutual  
P O Box 618  
Columbia, MO 65205 Group Name: Columbia Insurance State ID Number: 03  
Group  
(573) 474-6193 ext. [Phone] FEIN Number: 43-0790393  
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## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation:  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Columbia Mutual Insurance Compny	\$50.00	11/13/2007	16624025

<i>SERFF Tracking Number:</i>	<i>CLBA-125354576</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>CMI-PAP-07-F02</i>		
<i>TOI:</i>	<i>19.0 Personal Auto</i>	<i>Sub-TOI:</i>	<i>19.0001 Private Passenger Auto (PPA)</i>
<i>Product Name:</i>	<i>Personal Auto - Preferred, Standard, AU</i>		
<i>Project Name/Number:</i>	<i>Automobile Insurance Identification Card/CMI-PAP-07-F02</i>		

## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved	Alexa Grissom	11/15/2007	11/15/2007

<i>SERFF Tracking Number:</i>	<i>CLBA-125354576</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>Personal Auto - Preferred, Standard, AU</i>		
<i>Project Name/Number:</i>	<i>Automobile Insurance Identification Card/CMI-PAP-07-F02</i>		

## **Disposition**

Disposition Date: 11/15/2007

Effective Date (New): 12/13/2007

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>CLBA-125354576</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Columbia Mutual Insurance Compny</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
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<i>Product Name:</i>	<i>Personal Auto - Preferred, Standard, AU</i>		
<i>Project Name/Number:</i>	<i>Automobile Insurance Identification Card/CMI-PAP-07-F02</i>		

<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Uniform Transmittal Document-Property & Casualty	Approved	Yes
<b>Form</b>	Automobile Insurance Identification Card	Approved	Yes
<b>Form</b>	Automobile Insurance Identification Card	Approved	Yes
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TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)

Product Name: Personal Auto - Preferred, Standard, AU

Project Name/Number: Automobile Insurance Identification Card/CMI-PAP-07-F02

## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type	Action	Action Specific Data	Readability	Attachment
Approved	Automobile Insurance Identification Card	IDC-2	11-07	Other	Replaced	Replaced Form #:0.00 IDC-2 (11-02) Previous Filing #: CMI-PAP-02-F01	0.00	IDC-2 (11-07) AR-PA.pdf
Approved	Automobile Insurance Identification Card	IDC-2	11-07	Other	Replaced	Replaced Form #:0.00 IDC-2 (11-02) Previous Filing #: CMI-PAP-02-F01	0.00	IDC-2 (11-07) AR-SA.pdf
Approved	Automobile Insurance Identification Card	IDC-2	11-07	Other	Replaced	Replaced Form #:0.00 IDC-2 (11-02) Previous Filing #: CMI-PAP-07-F01	0.00	IDC-2 (11-07) AR-AU.pdf

HC2 (1-07)

Arkansas  
Automobile Insurance  
Identification Card  
COLUMBIA MUTUAL INSURANCE CO



Policy Number: PA00000723      Effective: 01/01/2008 to 07/01/2008  
JACKSON, DOTTIE  
456 MAIN ST  
JONESBORO AR 72401

**\*\*EXCLUDED DRIVER(S) APPLY\*\***

Year/Make/Model	Vehicle ID Number
1995 FORD ASPIRE      HCHBK 3D	KNJLT05HXS6102583
Agent: THE DEMO AGENCY 55110-1	Phone: 573-474-6195

THIS CARD MUST BE CARRIED IN THE INSURED MOTOR VEHICLE  
FOR PRODUCTION UPON DEMAND.

Arkansas  
Automobile Insurance  
Identification Card  
COLUMBIA MUTUAL INSURANCE CO



Policy Number: PA00000723      Effective: 01/01/2008 to 07/01/2008  
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Year/Make/Model	Vehicle ID Number
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Agent: THE DEMO AGENCY 55110-1	Phone: 573-474-6195

THIS CARD MUST BE CARRIED IN THE INSURED MOTOR VEHICLE  
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IF YOU HAVE AN ACCIDENT, NOTIFY THE POLICE  
IMMEDIATELY

1. Write down the name, address, telephone number, and driver's license number of persons involved and of witnesses. Also write down the license plate number and state of each vehicle involved.
2. Do not admit fault.
3. Do not discuss the accident with anyone except your agent, us or the police.
4. Notify your independent insurance agent or call us at 1-800-829-2524.

EXAMINE YOUR POLICY EXCLUSIONS CAREFULLY, THIS FORM  
DOES NOT CONSTITUTE ANY PART OF YOUR INSURANCE POLICY.

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HC 2 (1-07)

Arkansas  
Automobile Insurance  
Identification Card  
COLUMBIA MUTUAL INSURANCE CO



Policy Number: SA00000724      Effective: 01/01/2008 to 07/01/2008  
JACKSON, JOSIAH  
739 MAIN ST  
PARAGOULD AR 72450

**\*\*EXCLUDED DRIVER(S) APPLY\*\***

Year/Make/Model		Vehicle ID Number
1990 GMC	VAN	1GDEG25K0L7525154
Agent: THE DEMO AGENCY	55110-1	Phone: 573-474-6195

THIS CARD MUST BE CARRIED IN THE INSURED MOTOR VEHICLE  
FOR PRODUCTION UPON DEMAND.

Arkansas  
Automobile Insurance  
Identification Card  
COLUMBIA MUTUAL INSURANCE CO



Policy Number: SA00000724      Effective: 01/01/2008 to 07/01/2008  
JACKSON, JOSIAH  
739 MAIN ST  
PARAGOULD AR 72450

**\*\*EXCLUDED DRIVER(S) APPLY\*\***

Year/Make/Model		Vehicle ID Number
1990 GMC	VAN	1GDEG25K0L7525154
Agent: THE DEMO AGENCY	55110-1	Phone: 573-474-6195

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HC 2 (1-07)

Arkansas  
Automobile Insurance  
Identification Card  
COLUMBIA MUTUAL INSURANCE CO



Policy Number: AUAR001741      Effective: 01/01/2008 to 07/01/2008  
ANDERSON, JAMES  
456 MAIN ST  
JONESBORO AR 72401

**\*\*EXCLUDED DRIVER(S) APPLY\*\***

Year/Make/Model	Vehicle ID Number
2007 CHEV UPLANDER WAG4X24D	1GNDV23L37D111381
Agent: THE DEMO AGENCY 55110-1	Phone: 573-474-6195

THIS CARD MUST BE CARRIED IN THE INSURED MOTOR VEHICLE  
FOR PRODUCTION UPON DEMAND.

Arkansas  
Automobile Insurance  
Identification Card  
COLUMBIA MUTUAL INSURANCE CO



Policy Number: AUAR001741      Effective: 01/01/2008 to 07/01/2008  
ANDERSON, JAMES  
456 MAIN ST  
JONESBORO AR 72401

**\*\*EXCLUDED DRIVER(S) APPLY\*\***

Year/Make/Model	Vehicle ID Number
2007 CHEV UPLANDER WAG4X24D	1GNDV23L37D111381
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## **Rate Information**

Rate data does NOT apply to filing.

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<i>TOI:</i>	<i>19.0 Personal Auto</i>	<i>Sub-TOI:</i>	<i>19.0001 Private Passenger Auto (PPA)</i>
<i>Product Name:</i>	<i>Personal Auto - Preferred, Standard, AU</i>		
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## Supporting Document Schedules

<b>Satisfied -Name:</b>	Uniform Transmittal Document-Property & Casualty	<b>Review Status:</b>	Approved	11/15/2007
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**Comments:**

**Attachment:**

Transmittal Document.pdf

## Property &amp; Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b>	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

<b>3. Group Name</b>					<b>Group NAIC #</b>
<b>4. Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>	<b>State #</b>	

<b>5. Company Tracking Number</b>	
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

<b>6. Name and address</b>	<b>Title</b>	<b>Telephone #s</b>	<b>FAX #</b>	<b>e-mail</b>
<b>7. Signature of authorized filer</b>				
<b>8. Please print name of authorized filer</b>				

Filing information (see General Instructions for descriptions of these fields)

<b>9. Type of Insurance (TOI)</b>				
<b>10. Sub-Type of Insurance (Sub-TOI)</b>				
<b>11. State Specific Product code(s)(if applicable)[See State Specific Requirements]</b>				
<b>12. Company Program Title (Marketing title)</b>				
<b>13. Filing Type</b>	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)			
<b>14. Effective Date(s) Requested</b>	New:		Renewal:	
<b>15. Reference Filing?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>16. Reference Organization (if applicable)</b>				
<b>17. Reference Organization # &amp; Title</b>				
<b>18. Company's Date of Filing</b>				
<b>19. Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved			

## Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	
21.	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

[illegible]

\*\*\*Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)



**FORM FILING SCHEDULE**

(This form must be provided ONLY when making a filing that includes forms)

(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>				
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)				
<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement Or withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1